02035

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Whaleyville — LENGTH OF STAY (in this place): 33
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Whaleyville
STREET ADDRESS (If rural, give location): RFD.

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Edward (Last) Armstrong
4. DATE OF DEATH (Month) Feb. (Day) 8 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept 25 1886
9. AGE last birthday: 63 yrs. — If under Months. — 1 year Days — If under Hours — 24 hrs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Whaleyville
12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: John Armstrong
14. MOTHER'S MAIDEN NAME: Mary Davis.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY No.: 213-18-5485
17. INFORMANT AND ADDRESS: Annie Armstrong

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Volvulus of Sigmoid — 15 days

5703 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Embolism — sudden death

122b (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan 20, 1950
19b. MAJOR FINDINGS OF OPERATION: Volvulus of Sigmoid
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 20, 1950, to Feb 8, 1950, that I last saw the deceased alive on Feb 2, 1950, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: F A Kademaker (Degree or title) MD — ADDRESS: Salisbury Md — DATE SIGNED: 2/17/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 2/12/50 — NAME OF CEMETERY OR CREMATORY: Pullets Chapel — LOCATION (City, town, or county): Whaleyville — (State): Md.

DATE REC'D BY LOCAL REG.: 2-11-50 — REGISTRAR'S SIGNATURE: Helen F Hayward — 24. FUNERAL DIRECTOR: M Pasha Walton — ADDRESS: Selbyville Del.

866VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 15 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02036

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin — LENGTH OF STAY (in this place): 11 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin.
STREET ADDRESS (If rural, give location): Williams St.

3. NAME OF DECEASED (Type or Print) (First): Harry (Middle): (Last): Brill

4. DATE OF DEATH (Month) Feb. (Day) 28 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: May 22, 1890

9. AGE last birthday: 59 yrs. — If under 1 year: Months 9, Days 6 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant.

10b. KIND OF BUSINESS OR INDUSTRY: Poultry Plant.

11. BIRTHPLACE (State or foreign country): New York City N. Y.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Brill

14. MOTHER'S MAIDEN NAME: unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If year, give war or dates of service)

16. SOCIAL SECURITY No.: 082-05-0865

17. INFORMANT AND ADDRESS: Mrs. Harry Brill Berlin Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ACUTE CORONARY THROMBOSIS — 5 MIN.

420.1 Antecedent cause(s)

9.4a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CORONARY HEART DISEASE (— 2 1/2 YEARS

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN, 1947, to 2/28/, 1950, that I last saw the deceased alive on 2/28, 1950, and that death occurred at 11:30 A. m., from the causes and on the date stated above.

SIGNATURE: Herman A. Rahlins (Degree or title) M.D. — ADDRESS: BERLIN, MD. — DATE SIGNED: 3/1/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3/3/50 — NAME OF CEMETERY OR CREMATORY: Mt. Carmel — LOCATION (City, town, or county): Long Island (State): N. Y.

DATE REC'D BY LOCAL REG.: Mar 1 1950 — REGISTRAR'S SIGNATURE: Helen F. Hayward — 24. FUNERAL DIRECTOR: Anna A. Benboga — ADDRESS: Berlin Md

39085

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
MAR 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02037

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Worcester — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin. — LENGTH OF STAY (in this place) 64 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Worcester.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin.
STREET ADDRESS (If rural, give location) Gay St.

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Henry (Last) Davis.

4. DATE OF DEATH (Month) Feb. (Day) 1 (Year) 19 50

5. SEX male — 6. COLOR OR RACE white — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married — 8. DATE OF BIRTH May 5, 1878 — 9. AGE last birthday 71 yrs. — If under 1 year Months 8 Days 26 — If under 24 hrs. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer. — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) Newark, Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Sidney Davis — 14. MOTHER'S MAIDEN NAME Margaret Smack.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS Mrs. Joseph H. Davis.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Endocarditis — 2 yrs

592 Antecedent cause(s)

131 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr. Myocarditis

(c) Chr. Nephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) Berlin (COUNTY) Worcester (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1949, to Feb 1, 1950, that I last saw the deceased alive on Feb 1, 1950, and that death occurred at 10:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Chas R. Lore Berlin Md — Feb 2 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 2/4/50 — NAME OF CEMETERY OR CREMATORY Evergreen — LOCATION (City, town, or county) Berlin — (State) Md

DATE REC'D BY LOCAL REG. 2-4-50 — REGISTRAR'S SIGNATURE Helen T. Hayward — 24. FUNERAL DIRECTOR Anna L. Burbage — ADDRESS Berlin Md

VS. A15

OCOVV

RECEIVED
FEB 9 1950
BUREAU V. S.

02038

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 354

1. PLACE OF DEATH COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Lawrence (Middle) Wm (Last) Dennis Dennis
4. DATE OF DEATH (Month) 2 (Day) 16 (Year) 1950
5. SEX M
6. COLOR OR RACE C.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 2/13/50
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ✓
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) Stockton Md
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Wm Showell
14. MOTHER'S MAIDEN NAME Lucile Virginia Dennis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ✓
17. INFORMANT Lucile Virginia Dennis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

773.0 Immediate cause (a) Congenital Debility

158 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH (?)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Poor care & lack of nourishment

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☑ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Stockton (COUNTY) Worcester (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at work ☐ Not while at work ☐ ✓
HOW DID INJURY OCCUR? ✓

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J. L. Sartorius Md (Degree or title) Dep Med Exam. ADDRESS Pocomoke City Md DATE SIGNED 2/19

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF Feb. 18, 1950
NAME OF CEMETERY OR CREMATORY Home Burial Cemetery
LOCATION (City, town, or county) Stockton (State) Md

DATE REC'D BY LOCAL REG. Feb. 18. 1950
REGISTRAR'S SIGNATURE Mary M. Taylor
24. FUNERAL DIRECTOR Irvine Bennett ADDRESS Stockton Md

1-0-2-13-0-18-2-40-4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 22 1950
BUREAU V. S

02039

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 357

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: (Rural) Berlin Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill (Rural)
STREET ADDRESS (If rural, give location): Berlin Road.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Elizabeth (Last) Harris
4. DATE OF DEATH: (Month) Feburary (Day) 18 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married
8. DATE OF BIRTH: May 29, 1868
9. AGE last birthday: 81 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Mr. Princess Anne Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Elizah Gibbons
14. MOTHER'S MAIDEN NAME: Adelme Dryden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Edwin J. Harris

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 Immediate cause (a) Acute Pulmonary Edema — 1 day

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular disease — 5 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Snow Hill (COUNTY) Worc (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 19..., to Feb. 18, 1950, that I last saw the deceased alive on Feb. 17, 1950, and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE: Robert W. La Mar (Degree or title) MD. — ADDRESS: Snow Hill, Md. — DATE SIGNED: 2-18-50.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Feb 20, 1950 — NAME OF CEMETERY OR CREMATORY: Emanuel Cemetery — LOCATION (City, town, or county) (State): Princess Anne, Md.

DATE REC'D BY LOCAL REG.: 2/18/50 — REGISTRAR'S SIGNATURE: LeRoy Smith — 24. FUNERAL DIRECTOR: Dale Dashiell — ADDRESS: Princess Anne, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02040

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke — LENGTH OF STAY (in this place) 35 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
HOSPITAL OR INSTITUTION OR STREET ADDRESS Market St.	STREET ADDRESS (If rural give location) Market St.

3. NAME OF DECEASED (Type or Print) (First) JULIA	(Middle) (NMI)	(Last) MARSHALL	4. DATE OF DEATH (Month) Feb (Day) 25, (Year) 1950 19	
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 1869	9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY USA	
13. FATHER'S NAME Riley Marshall		14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY No. None	17. INFORMANT Mrs. Francis D. Young		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2 Immediate cause (a) C. Myocarditis — Dk.

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Large Abdominal tumor — Dk.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-16-1950, to 2/25/1950, that I last saw the deceased alive on Feb 25 1950, and that death occurred at 10:30 m., from the causes and on the date stated above.

SIGNATURE N. E. Cartorius (Degree or title) MD. ADDRESS Pocomoke City Md DATE SIGNED 2/26/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Feb 28, 1950	NAME OF CEMETERY OR CREMATORY St. James Methodist	LOCATION (City, town, or county) (State) Pocomoke, Md.
DATE REC'D BY LOCAL REG. Feb. 28, 1950	REGISTRAR'S SIGNATURE Anne E. White	24. FUNERAL DIRECTOR Henry H. Watson, Pocomoke, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 2 1950
BY STAFF V. S.

02041

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 351

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill — LENGTH OF STAY (in this place): 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Herbert (Middle) W. (Last) Mason
4. DATE OF DEATH: (Month) Feb. (Day) 17 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 6-1871
9. AGE last birthday: 78-7-11 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate agent
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Snow Hill, Md
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Thomas L. Mason
14. MOTHER'S MAIDEN NAME: Louise Bowden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: M. A. T. Mason Snow Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

151X Immediate cause (a) Carcinoma of Stomach with — 1 Year

Antecedent cause(s)

46b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) multiple metastases to liver,

(c) skin, rectum

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 26-1948
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Stomach
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1949, to Feb, 1950, that I last saw the deceased alive on 2-16, 1950 and that death occurred at 7.54 A m., from the causes and on the date stated above.

SIGNATURE: Paul Cohen, M.D. (Degree or title) — ADDRESS: Snow Hill Md — DATE SIGNED: 2-18-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Feb. 19/50 — NAME OF CEMETERY OR CREMATORY: Presbyterian — LOCATION (City, town, or county): Snow Hill (State): Md

DATE REC'D BY LOCAL REG.: 2/18/50 — REGISTRAR'S SIGNATURE: LeRoy Smith — 24. FUNERAL DIRECTOR: Alan E. Timmis — ADDRESS: Snow Hill Md

27681

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 23 1950
BUREAU Y. S.

02042

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke, md. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke md.
STREET ADDRESS (If rural give location) Pocomoke, md.

3. NAME OF DECEASED (Type or Print) (First) Gertrude (Middle) Louise (Last) Merrill

4. DATE OF DEATH (Month) 2 (Day) 26 (Year) 1950

5. SEX Female
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 12/6/03
9. AGE last birthday 46 yrs. If under 1 year Months 2 Days 20 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Waters
14. MOTHER'S MAIDEN NAME Gertrude Waters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Frank Merrill

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Stomach — INTERVAL BETWEEN ONSET AND DEATH 15 mths

151 X Antecedent cause(s)

46 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? — —

22. I hereby certify that I attended the deceased from Ap 15th, 1949 to Feb 26th, 1950, that I last saw the deceased alive on Feb 25th, 1950, and that death occurred at 4:50A m., from the causes and on the date stated above.

SIGNATURE Eldon G. Marksman (Degree or title) ADDRESS Princess Anne, md DATE SIGNED 2.28.50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/1/50
NAME OF CEMETERY OR CREMATORY Unionville
LOCATION (City, town, or county) Pocomoke, (State) md.

DATE REC'D BY LOCAL REG. March 1, 1950
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Barker M West ADDRESS Salisbury md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 3 1950
U.S.

02043

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Girdletree — LENGTH OF STAY (in this place): 56 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Girdletree Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) Flossie (Middle) (Last) Mills
4. DATE OF DEATH (Month) Feb. (Day) 13 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 11-1893
9. AGE last birthday: 56-9-2 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Girdletree, Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Peter Ewell
14. MOTHER'S MAIDEN NAME: Arrie Redden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mr John H Mills Girdletree, Md (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Vascular Accident. — 10 Hr.

442 Antecedent cause(s) (b) Hypertensive Cardiovascular Renal Disease — 5 yrs.

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Asthma (Bronchial) — 5 yr.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Girdletree (COUNTY) Worc. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1946, to Feb 13, 1950, that I last saw the deceased alive on Feb 13, 1950, and that death occurred at 7:30 A.m., from the causes and on the date stated above.

SIGNATURE: Robert L. La Mar (Degree or title) MD. ADDRESS: Snow Hill DATE SIGNED: 2-14-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Feb. 15/50 — NAME OF CEMETERY OR CREMATORY: Coulbourn — LOCATION (City, town, or county): Girdletree, (State) Md
DATE REC'D BY LOCAL REG. 2/14/1950 — REGISTRAR'S SIGNATURE: Ralph Smith
24. FUNERAL DIRECTOR: Alan Emmins — ADDRESS: Snow Hill, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
FEB 17 1950
BUREAU V. S.

02044

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ocean City
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Baltimore Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ocean City
STREET ADDRESS (If rural, give location): Baltimore Ave.

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) (Last) Parsons.

4. DATE OF DEATH: (Month) Feb. (Day) 3 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Aug. 16, 1869

9. AGE last birthday: 80 yrs. If under 1 year: Months 5 Days 17 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Whalesville, Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Edward D. Adkins.

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Truitt.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):

16. (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs. Elmer Baker Salisbury Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

592 X **Immediate cause** (a) Heart failure

Antecedent cause(s)

92d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic valvular heart disease

(c) Advanced age - nephritis - uremia.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Kidney removed 6 months ago.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from Feb 1, 1950, to Feb 2, 1950, that I last saw the deceased alive on Feb 2, 1950, and that death occurred at 11:05 m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W. Townsend D. M.D. ADDRESS: Ocean City, Md. DATE SIGNED: Feb 4, 50.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — **DATE**: Feb. 5 1950 — **NAME OF CEMETERY OR CREMATORY**: Methodist — **LOCATION** (City, town, or county) (State): Parsonsburg Md

DATE REC'D BY LOCAL REG.: 2-5-50 — **REGISTRAR'S SIGNATURE**: Helen F. Hayward

24. FUNERAL DIRECTOR: Anna A. Burbage — **ADDRESS**: Berlin Md.

RECEIVED
FEB 9 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02045

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 354

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton, rural | LENGTH OF STAY (in this place) 83
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bay Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton, rural
STREET ADDRESS (If rural give location) Bay Road

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) W. (Last) SHOCKLEY

4. DATE OF DEATH (Month) February (Day) 2, (Year) 1950

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed | 8. DATE OF BIRTH: 1863 | 9. AGE last birthday: 86 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Waterman | 10b. KIND OF BUSINESS OR INDUSTRY: Oyster | 11. BIRTHPLACE (State or foreign country): Delaware | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Gibson Shockley | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown): No | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Carl Matthews

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4427 Immediate cause (a) Arteriosclerotic Cardio-Renal Disease — unknown

Antecedent cause(s)

1310 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/25/50, 19..., to 2/2/50, 19..., that I last saw the deceased alive on 2/1/50, 19..., and that death occurred at 8:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Paul Owen Snow Hill Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Feb 5, 1950 | NAME OF CEMETERY OR CREMATORY Porterville Methodist | LOCATION (City, town, or county) (State) Stockton, Maryland

DATE REC'D BY LOCAL REG. Feb 5 1950 | REGISTRAR'S SIGNATURE Mary M. Taylor | 24. FUNERAL DIRECTOR ADDRESS Henry H. Watson, Pocomoke, Md.

900 V1

RECEIVED
FEB 7 1950
MUNEAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

02046

Reg. Dist. No. 355

1. PLACE OF DEATH COUNTY: Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin RR #3
LENGTH OF STAY (in this place): 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin — Rural
STREET ADDRESS (If rural, give location): RR #3

3. NAME OF DECEASED (Type or Print): (First) Conwell (Middle) Linwood (Last) Smith Twin #2
4. DATE OF DEATH (Month) (Day) (Year): 2 — 21 1950

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Oct. 20, 1949
9. AGE last birthday: 0 yrs. If under 1 year: Months 4 Days 7 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Salisbury Md.
12. CITIZEN OF WHAT COUNTRY? US Cov

13. FATHER'S NAME: William Everett Smith
14. MOTHER'S MAIDEN NAME: Lulu Mae Harmon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT: William Smith Berlin Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

795.2 Immediate cause (a) Unknown

200c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Sudden death

(c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: N. E. Bartonius (Degree or title) Mt. Dep. Med. Examiner ADDRESS: Pocomoke City Md DATE SIGNED: 2/21/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Feb 23 1950
NAME OF CEMETERY OR CREMATORY: St. Pauls (Col)
LOCATION (City, town, or county) (State): Berlin Md

DATE REC'D BY LOCAL REG.: 2-29-50
REGISTRAR'S SIGNATURE: Helen F Hayward
24. FUNERAL DIRECTOR: Anna A. Burbage ADDRESS: Berlin Md

2-1-0-20-9-18-3-40-x

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

RECEIVED
FEB 27 1950
BUREAU V. S.

02047

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH COUNTY Worcester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City Rural #3 — LENGTH OF STAY (in this place) 40 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City Rural #3
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Nettie (Middle) E. (Last) Tarr

4. DATE OF DEATH (Month) Feb. (Day) 2 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Dec 12-1865

9. AGE last birthday 84-2-20 yrs. If under Months. I year Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Girdletree Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Marsellus Pruitt

14. MOTHER'S MAIDEN NAME Millie Blades

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Mrs Maurice L. Aydelotte, Pocomoke City Rural #3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 X Immediate cause (a) Acute Cardiac dilatation — 12 Hr.

Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Renal Disease — 10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. diabetes Mellitus (mild) — 2 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Snow Hill (COUNTY) Worcester (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1947, to Feb 1, 1950, that I last saw the deceased alive on Feby 1, 1950, and that death occurred at 1:00 A m., from the causes and on the date stated above.

SIGNATURE [signature] La Mar (Degree or title) MD. ADDRESS Snow Hill DATE SIGNED 2-2-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE Feb. 5/50 — NAME OF CEMETERY OR CREMATORY Beth Eden — LOCATION (City, town, or county) Pocomoke City Md Rural #3 (State)

DATE REC'D BY LOCAL REG. 2/3/50 — REGISTRAR'S SIGNATURE Lt Roy Smith

24. FUNERAL DIRECTOR Wm E. Timmins Snow Hill ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

02048

1. PLACE OF DEATH · COUNTY: Worcester · MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland · COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin · LENGTH OF STAY (in this place): 85 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location): Bay St.

3. NAME OF DECEASED (Type or Print)	(First) Annie	(Middle) Laurie	(Last) Taylor.	4. DATE OF DEATH	(Month) Feb.	(Day) 16	(Year) 1950
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow	8. DATE OF BIRTH: Feb. 17, 1864	9. AGE last birthday: 85 yrs.	If under 1 year: Months 4	Days 29	If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Berlin Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: James Bowen.	14. MOTHER'S MAIDEN NAME: Laura Powell.						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No · (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: None.	17. INFORMANT AND ADDRESS: Mrs Lena B. Layton Berlin Md					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Pulmony Edema & Decompensation sec	15 min
442 X Antecedent cause(s)	F Chronic Degeneration myocarditis c	
131 a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized atherosclerosis	15
	(c) Hypertension - cardio-vascular - renal disease sec to B.	10

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1948, to Feb 16, 1950, that I last saw the deceased alive on 16 Feb, 1950, and that death occurred at 5 45 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Herman G.	Robbins M.D.	5 Bay St Berlin Maryland	17 Feb 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 2/19/50	NAME OF CEMETERY OR CREMATORY: Evergreen	LOCATION (City, town, or county) (State): Berlin Maryland
DATE REC'D BY LOCAL REG: 2-19-50	REGISTRAR'S SIGNATURE: Helen F. Hayward	24. FUNERAL DIRECTOR: Anna A. Burbage	ADDRESS: Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 21 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(12049)

Reg. Dist. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin R.F.D. — LENGTH OF STAY (In this place): 70 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin
STREET ADDRESS (If rural, give location): R F D.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James Henry	Sampson	West.	Feb.	12	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	White	married	May 17, 1875	74 yrs.	8	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm.	Powellville, Md.	U.S.A.

13. FATHER'S NAME: Minos West.
14. MOTHER'S MAIDEN NAME: Elizabeth Lewis.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. Samp West.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
331 Immediate cause	(a) Mesenteric Thrombosis sec to Chron. Degenerative Myocarditis	2 days 5 yrs.
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis Generalized & cerebral Hemorrhage sec - aphrodia + Hemiplegia	10 yrs 2 yrs
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertrophy Prostate, Chronic Cysto Pyelitis	1 yr.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan. 19, 1950, to Feb. 12, 1950, that I last saw the deceased alive on Feb. 12, 1950, and that death occurred at 11.30 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Howard A. Radcliffe M.D.		Berlin Md.	2/13/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/15/50	Riverside	Berlin Md R3D

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-15-50	Helen F Hayward	Anna A. Bunting	Berlin Md

COUNTY

RECEIVED
FEB 21 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

02050

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin - Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dagsboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) G. (Last) Wharton
4. DATE OF DEATH (Month) Feb. (Day) 26 (Year) 1950

5. SEX male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH May 13, 1918
9. AGE last birthday 31 yrs. If under 1 year Months 9 Days 13 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Automobile
11. BIRTHPLACE (State or foreign country) Delaware
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Robert Wharton
14. MOTHER'S MAIDEN NAME Mary Lathbury

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) JAN. 27, 1941 SERVED 4 yrs 8 mos
16. SOCIAL SECURITY NO. 24 days
17. INFORMANT Mr. Robert Wharton Dagsboro Del

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

916X Immediate cause (a) Burned to death by fire
181 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) in truck.
(c)

INTERVAL BETWEEN ONSET AND DEATH: Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Co. Hwy (CITY OR TOWN) M. Berlin (COUNTY) Wor. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 2, 26, 50 5 a m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Burned to death in truck.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE F. S. Evaesche (Degree or title) M.D. (DME) ADDRESS Snow Hill Md DATE SIGNED 2/26/50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar 1, 1950
NAME OF CEMETERY OR CREMATORY Odd Fellows.
LOCATION (City, town, or county) Laurel (State) Del.

DATE REC'D BY LOCAL REG. 2-28-50
REGISTRAR'S SIGNATURE Helen G. Hayward
24. FUNERAL DIRECTOR Anna A Burbage ADDRESS Berlin Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

I

RECEIVED
MAR 3 1950
BUREAU V. S.